PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
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are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/635,973 Filing Date TRANSMITTAL August 7, 2003 First Named Inventor **FORM** William W. Hooper, Jr. Art Unit 3673 **Examiner Name** Alexander Grosz (to be used for all correspondence after initial filing) Attorney Docket Number BGASL 1029907 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC • Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC ~ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Change of Correspondence Address; Return Request for Refund Express Abandonment Request Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Gordon & Rees LLP Signature Printed name Katherine Proctor Date Reg. No. 31,468 tebruco CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Beverly Erdman Typed or printed name

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Effective on 12/08/2004.	:	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/635,973		
FEE TRANSMIT	IIAL	Filing Date	August 7, 2003		
For FY 2005		First Named Inventor	William W. Hooper, Jr.		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Alexander Grosz		
		Art Unit	3673		
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METHOD OF PAYMENT (check all that apply)	TOTAL AMOUNT OF PAYMENT	(\$) \$300	1 /	Attomey Docke	t No. BGA	SL 1029907		
Deposit Account Deposit Account Number: 501990 Deposit Account Name: Gordon & Rees LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee I Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee I Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below except for the filing fee I Charge fee(s) indicated below except for the filing fee I Charge fee(s) indicated below except for the filing fee I SAMINATION FEES Small Entity Fee (\$)	METHOD OF PAYMENT (check all that apply)							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Vandro 37 CFR 1.16 and 1.17	Check Credit Card Money Order None Other (please identify): Deposit Account Number: 501990 Deposit Account Name: Gordon & Rees LLP							
BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) Fee	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
FillING FEES Small Entity Fee (\$) Fee	FEE CALCULATION	•						
Utility 300 150 500 250 200 100	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Design 200 100 100 50 130 65						-	Fees Paid (\$)	
Plant 200 100 300 150 160 80	Utility 300	150	. 500	250	200	100		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0	Design · 200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant 200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee (\$) Fee (\$) Fee Paid (\$)	Reissue , 300	. 150	500	250	600	300		
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$)	Provisional 200	100	0	0	0	0		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) 50 25 200 100 360 180 Multiple Dependent Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							

SUBMITTED BY							
		Registration No. (Attorney/Agent) 31,468		Telephone 61	Telephone 619-696-6700		
Name (Print/Type) Katherine Proctor			Date 02	01	5002	

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